

FILED

OCT 9 2009

Rev
01/2009

United States District Court for the Eastern District of Missouri Non-Appropriated Fund

REQUEST FOR COMPENSATION OF SERVICES AND REIMBURSEMENT OF OUT-OF-POCKET EXPENSES

Assigned Judge: Autry

Case Number: 4:08-cv-01649-HEA

Case Title: Rogers vs. Amalgamated Transit Union Local 788, et al.

Name of Party Represented: Leonard Doyle Rogers

Date appointed:

Request for (check one): ☒ Interim Payment ☐ Final PaymentCheck box if previous payments have been made in this case: ☐ G Amount previously paid: \$Judgment Entered? ☐ G Yes ☒ No If yes, Date of Judgment:

If applicable, date of order granting leave to withdraw:

Has a fee award been made to you in this case?

Attorney's Name: Julie L. Siegel

Make check payable to: ☒ Attorney ☐ G Firm

Firm or Business Name: Frankel, Rubin, Bond, Dubin, Siegel & Klein, P.C.

Street Address: 231 S. Bemiston Avenue, Suite 1111

City/State/Zip: Clayton, MO 63105-1914

Phone: (314)725-8000; Fax: (314)726-5837

Claim for Services

Please refer to the Instructions for Completing Request for Compensation of Services and Reimbursement of Expenses for time keeping.

In Court:	Hours Claimed	Total Amount Claimed
Conferences		
Hearings		
Trial		
Other (specify on additional worksheet)		
(RATE PER HOUR = \$)		
IN COURT TOTALS:		
Out of Court:		
Interviews and Conferences		
Discovery		
Legal Research and Brief Writing		
Travel Time		
(RATE PER HOUR = \$)		
OUT OF COURT TOTALS:		
OVERALL TOTALS:		
TOTAL COMPENSATION CLAIMED: \$		

(Note: The maximum compensation for attorney's fees for any one appointment in a civil case is \$5,000.)

Itemized Expenses

Please refer to the Regulations Governing the Disbursement of Funds from the Non-Appropriated Fund for Attorney Fees and Out-of-Pocket Expenses Incurred by Attorneys

Depositions and Transcripts	\$ 199.00
Investigative, Expert or Other Services	\$
Travel Expenses	\$
Service of Papers/Witness Fees	\$
Interpreter Services	\$
Photographs, Photocopies, Telephone Toll Calls, Telegrams	\$
Other (Please attach description)	\$

TOTAL EXPENSES CLAIMED: \$ 199.00

TOTAL AMOUNT CLAIMED: \$ 199.00

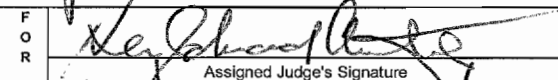
I swear to (or affirm) the truth and correctness of the above statements and that the work performed was, in my best judgment, necessary for the adequate preparation of the above-named case. Further, I swear (or affirm) that this request is made in the absence of other sources of prepayment or reimbursement and that if any attorney fees are otherwise recovered, I shall return an equivalent amount to the District Court fund.



Attorney's Signature

10/6/09

Date



Assigned Judge's Signature

10/13/09

Date

\$ 199.00

Amount Approved

If the total of the reimbursement requested for out-of-pocket expenses and that already allowed exceeds \$5,000, the approval of a majority of the judges on the Non-Appropriated Fund Committee is required. Reimbursement in excess of \$10,000 must be approved by four district judges.

FOR
APPROVAL
DATE

Chairperson Non-Appropriated Fund

Date

\$

Amount Approved

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